

Overview of Providers in Vermont Dual Eligibles Demonstration

Organizational Entity:	Integrated Care Providers (ICP)	Integrated Care Providers PLUS (ICP-PLUS)
New Service Expectations: Enhanced Care Coordination: <ul style="list-style-type: none"> • Provide a designated care coordinator as a single point of contact for enrollee across all needs • Develop a comprehensive individualized needs assessment and Comprehensive Individual Care Plan with enrollee across primary, acute, mental health, substance abuse and long-term supports and services • Coordinate all services in the enrollee's Comprehensive Individual Care Plan • Assure enrollee has access to and contact with a Primary Care Physician, preferably in a Blueprint practice if available • Support enrollee during transitions • Assist enrollee to access public benefits • If desired by the enrollee, support self-management of some or all services in enrollee's Individual Plan 	✓	✓
In-home Health Services (e.g., in-home health services; in-home PT/OT/ST services; medication management support; individually-identified flexible supports)		●
Home and Community Support Services (e.g., attendant care services; assistance in daily living; housing supports; support to participate in community activities; employment supports; respite; peer supports; individually-identified flexible supports; adaptive equipment and home modifications)		●
Mental Health and Substance Abuse Treatment (e.g., counseling / therapy; emergency care/ crisis stabilization; mental health /substance abuse medication management; psycho-education; mental health/substance abuse peer support)		●
Hospice and Palliative Care		●
Residential Care / Assisted Living	○	○
Skilled Nursing Facilities	○	○
Blueprint pmpm/ CHT /SASH payments	○	○
Primary and Specialist Medical Care	○	○
Inpatient / Outpatient Hospital Care	○	○
Psychiatric Hospitalizations	○	○
Laboratory and Diagnostic Tests	○	○
Pharmacy	○	○
Durable Medical Equipment	○	○
Medically-necessary Transportation	○	○
KEY: <ul style="list-style-type: none"> ✓ Included in DVHA-ICP and ICP-PLUS contracts, using tiered capitated payment with performance measures. ● Can be included in DVHA-ICP-PLUS contracts, using tiered capitated payment with performance measures. Provider fiscally responsible for providing or arranging for all covered services within category, as required by Individual Plans. In reviewing ICP-PLUS proposed contracts, DVHA will consider such factors as: demonstrated capacity to provide or arrange for the included services; demonstrated formal relationships with other organizations¹; impact of proposed bundling of services on service provision for non-dual populations in the geographic area; and projected impact on overall health care system costs. 		

¹ Note: Where existing State rules require special designation to deliver a set of services, the ICP-PLUS provider must have signed agreements with those entities to provide services if they are included in the ICP-PLUS contract with DVHA.

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○ Not envisioned as part of ICP / ICP-PLUS contracts

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Payment Mechanism	Risk-adjusted (Tiered) Capitated Payment for Enhanced Care Coordination	Risk-adjusted (Tiered) Capitated Payment for Enhanced Care Coordination and Other Agreed-upon Services
Shared Savings/Performance Incentive Opportunities	<p>Quality Threshold Incentive Pool CMS and AHS will determine quality thresholds for each demonstration year. A % of DVHA's payment will be with-held until the end of the year, and DVHA will receive this amount if it meets the quality standards. DVHA will monitor provider performance based on the agreed upon CMS/AHS quality standards, and will share the quality with-hold payment with providers if DVHA meets the CMS/AHS standards, based on the provider's relative performance on the measures.</p> <p>DVHA Savings Incentive Pool DVHA will identify additional projected savings targets for specific areas of expenditures, and will share a % of the year-end actual savings with the provider.</p> <p>Expenditure Reconciliation and Shared Savings Mechanisms At the end of each demonstration year, DVHA will reconcile revenues (including any earned incentive funding) and expenditures. If providers experience a fiscal loss, providers will be required to submit a Corrective Action Plan to reduce future losses.</p> <p>Subject to meeting the CMS/AHS quality standards, providers will be permitted to retain up to A% of any savings they obtain within their capitated payment, and to equally share with DVHA any savings between B% and C%, with the agreement that the funds be used in accordance with a DVHA- provider negotiated reinvestment plan to improve access, quality or cost. (Additional savings revert to DVHA). <i>Note: Specific %s to be determined at a later date.</i></p>	